

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004727

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 248

STATE FILE NUMBER

**FILED FEB 13 1963**

1. PLACE OF DEATH

a. COUNTY Saint Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Normandy

Length of stay in 1b  
4 days

c. CITY OR TOWN Moline Acres

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
9612 Balboa

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Sarah Middle Elizabeth Last Whitener

4. DATE OF DEATH  
Month Jan. Day 22 Year 1963

5. SEX  
Female

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
11-7-1896

9. AGE (last birthday)  
66

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Homemaker

10b. KIND OF BUSINESS OR INDUSTRY  
At Home

11. BIRTHPLACE (City and state or country)  
Wayne County, Mo.

12. CITIZEN OF WHAT COUNTRY  
U S A

13a. FATHER'S NAME  
Abner Collison

13b. MOTHER'S MAIDEN NAME  
Emma Thomas

14. NAME OF HUSBAND OR WIFE  
Arthur Whitener

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.  
Nil

17. INFORMANT Address  
John A. Whitener-225 Ward Dr.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hypostatic pneumonia

INTERVAL BETWEEN ONSET AND DEATH  
12 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Pulmonary edema

3 mo

DUE TO (c)

left ventricular hypertrophy

5 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
old myocardial infarction  
left ventricular hypertrophy

PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour, : Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-1-63 to 1-22-63 and last saw her/him alive on 1-22-63  
Death occurred at 11:00p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

John A. Whitener Jr MD

22b. ADDRESS

705 Chambers Rd.-St. Louis 37, Mo.

22c. DATE SIGNED  
1-23-63

23a. REMOVAL (Specify)

23b. DATE  
1-26-63

23c. NAME OF CEMETERY OR CREMATORY  
Baker Cemetery

23d. LOCATION (City, town, or county) (State)  
Lutesville, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Albert H. Hoppe Inc., 4700 Washington, Blvd.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE  
John A. Whitener Jr MD

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 14 1963

STATEMENT BY LICENSED EMBALMER

2-34

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.